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ABSTRACT

Presented is the fourth component of a special day class program for drug dependent minors, Drug Information for Educators, Parents, and Students. The first section, intended for educators, includes a drug abuse chart, information on the drug subculture, information on patterns of drug abuse and misconceptions about drugs, and suggested activities and reading material to increase drug awareness. A sample handout of drug information for parents of students enrolled in the drug dependent minors program is provided. Also given is a sample handout of drug information for students enrolled in the program. The following drugs are discussed individually in the handouts: psychedelics, amphetamines, barbiturates, opium and heroin, alcohol, marijuana and hashish, glues and gases, cocaine, nicotine, and caffeine. A glossary defines approximately 140 terms of drug jargon such as acid, backwards, freak, rainbows, and zig zag. (See EC 051 845 through EC 051 847, EC 051 849, and EC 050 205 through EC 050 212 for related documents). (DB)

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# A GUIDE FOR THE MANAGEMENT OF SPECIAL EDUCATION PROGRAMS

## NEWDAY OPERATIONS GUIDE FOR DRUG DEPENDENT MINOR PROGRAMS

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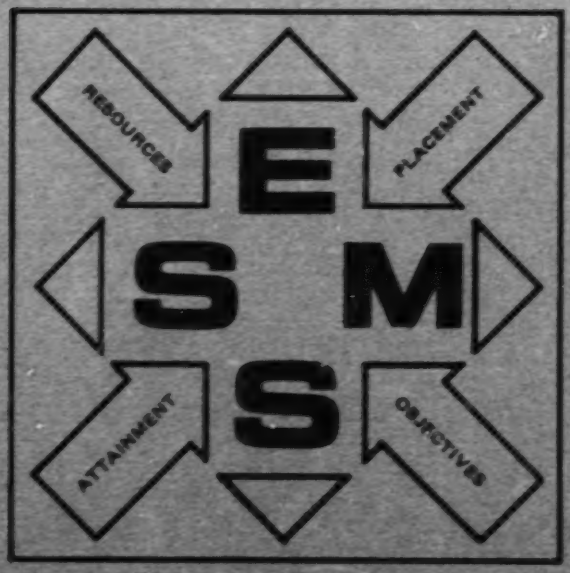


SPECIAL EDUCATION MANAGEMENT SYSTEM

## 4.0 DRUG INFORMATION FOR EDUCATORS, PARENTS, AND STUDE

RICHARD D. STRUCK
Project Director and Director of Programs for Exceptional Children and Adults and Pupil Personnel Services

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701 OCEAN ST. ROOM 200
Santa Cruz, California 95060
Dr. RICHARD R. FICKEL, SUPERINTENDENT OF SCHOOLS

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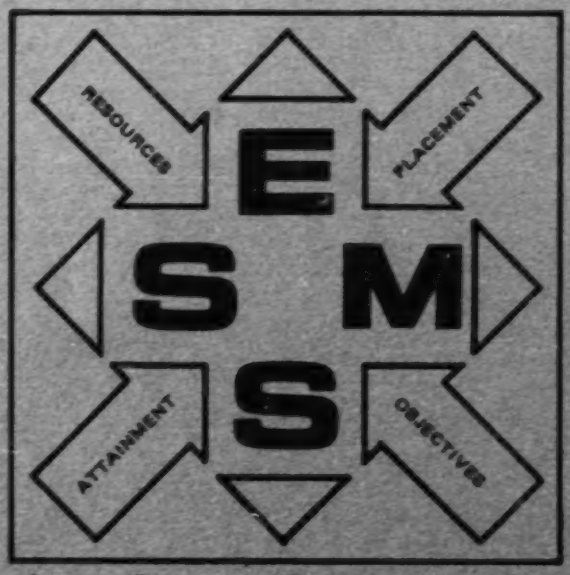


SPECIAL EDUCATION MANAGEMENT SYSTEM

## 0 DRUG INFORMATION FOR EDUCATORS, PARENTS, AND STUDENTS

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701 OCEAN ST. ROOM 220
Santa Cruz, California 95060
Dr. RICHARD R. FICKEL, SUPERINTENDENT OF SCHOOLS

Prepared Under
Contract By:
VORT CORPORATION
2160 Hanover St.
Palo Alto, Calif. 94306

COMPONENT 4.0

DRUG INFORMATION FOR EDUCATORS, PARENTS, AND STUDENTS

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## 4.1 INTRODUCTION

Much information has been published and given out on various drugs and their effects. However, such information has been incomplete due to the absence of reliable research and limited experience with drug users over any long period of time. Within the past two years, information gained through experience in Santa Cruz County has been augmented with the ever increasing data becoming available through other programs. This component of the Santa Cruz County Office of Education Operations Guide for Drug Dependent Minor programs is designed to provide teachers, counselors, and administrators with up-to-date information about drugs and drug use. Also within this component are two sections intended for the students and parents of students enrolled in drug dependent minor programs. The contents of this component are:


| SECTION | | DESCRIPTION | PAGE |
|---|---|---|---|
| 4.1 | Introduction | | 4-1 |
| 4.2 | Drug Information for teachers, counselors, and administrators | A Drugs of Abuse chart, information on the drug sub-culture, and abuse patterns, misconceptions about drugs, suggested activities and reading material to increase drug awareness. | 4-2 |
| 4.3 | Dope for Parents | A sample handout of drug information that may be distributed to parents of students enrolled in drug dependent minor programs. | 4-17 |
| 4.4 | Dope for Students | A sample handout of drug information that may be distributed to students enrolled in drug dependent minor programs. | 4-31 |
| 4.5 | Drug Jargon | A glossary of slang relating to drugs, drug use, and drug users. | 4-39 |
| 4.6 | Bibliography | A list of references used in preparing this report. Also recommended as a reference source on drugs for the staff of drug dependent minor programs. | 4-48 |

## 4.2 DRUG INFORMATION FOR TEACHERS, COUNSELORS, AND ADMINISTRATORS

It is apparent to both laymen and educators that drug use and abuse has accelerated in America in the past decade. Factual data and information about drugs and drug users also have increased. It is important that the staff of drug dependent minor programs be aware of up-to-date information about drugs, drug users, patterns of use, and drug treatment. They need to be aware of the latest research, recommendations and opinions of notable experts, latest fads, jargon, and if possible, the local drug scene. All staff members need to be credible to their students. This credibility will be based to a large extent on the staffs' awareness of drugs and drug associated behavior. Since much of the behavior of drug dependent minors is drug-related, knowing about drugs will assist staff members to screen, diagnose, counsel, and instruct pupils.

It is recommended that all sections of this component be read by staff members including those sections to be distributed to parents and students. The activities on Page 4-10 for expanding upon the information presented here are highly recommended for those involved in drug dependent minor programs.

The drugs most commonly abused by young people today are alcohol, barbiturates, cannabis, opiates, cocaine, amphetamines, psychedelics, and various solvents. These drugs, their generic and slang names, the average dose and duration, method of administration, potential for dependence and effects are described in the chart that appears on Page 4-16. The reader should keep in mind, however, that street drugs vary widely in terms of dose and content, and that the effects of each drug vary widely with individuals. These drugs are discussed further in Section 4.3 - Dope for Parents, and in Section 4.4 - Dope for Students. The slang names of these drugs are defined in Section 4.5 Drug Jargon.

The format and some of the information on the Drugs of Abuse chart is based on a similar chart in Dr. Joel Fort's book, The Pleasure Seekers. (Reference 11) More complete information on the pharmacology of popularly abused drugs is also included in Dr. Fort's book and in these books which are also included in the bibliography at the end of this component:

Reference 8 - Drug Dependence - A Guide for Physicians
Reference 11 - The Pleasure Seekers
Reference 19 - Drugs from A to Z
Reference 24 - Conscientious Guide to Drug Abuse

Knowledge of these facts is not enough to know about drugs. The reasons for drug use, influences of drug cultures, and types of abuse patterns also must be understood. Students use drugs for a variety of reasons. They may experiment with drugs out of curiosity or because of peer pressures. They make take drugs to feel more confident in social situations, to relax, or just for fun. Some students use drugs in an attempt to solve personal problems or as allies in a mystical search. They may also use some drugs to stay awake while studying for examinations and other drugs to help them go to sleep. They may be controlling their drug use fairly well and may be using drugs only for special occasions or at special times, or they may be using drugs compulsively. There are many reasons for and many patterns of drug use. Additional information about motivations for drug use are discussed in Component 2.0 - Education and Counseling.

Drug use is not an isolated behavior but is supported and conditioned by an environment and culture that values the drug experience. It is important to think of a drug user as being supported by a sub-culture and his own role within that culture. Theodore Rozak describes a growing "counter culture" in America in his book, The Making of a Counter Culture. (Reference 25). The values and behavior associated with this counter culture vary a great deal from those of the typical American "(straight") culture.

Both the "straight" and "counter culture" value drug experiences. Drugs commonly associated with the "straight" culture are alcohol, nicotine and caffeine. Drugs commonly associated with the "counter culture" are marijuana and LSD. This is not to say that because someone smokes marijuana, he is a "counter culture" person and because someone drinks alcohol, he is a "straight" person. People from both groups may work at 9:00 to 5:00 jobs, they may be farmers, students, or parents with children. They may do many of the same things and have a lot in common. Nevertheless, they believe in, and support different values. It appears best to think of the differences in the two cultures in terms of values and behavior and not in terms of hair, dress, language, and so on.

Much of the style of the "counter culture" has become fashionable and has been adopted by the "straight" society. Many "straight" people have long hair, use "hip" jargon, and wear "far out" clothes. While their appearance is changing, their values may not be. "Straight" people also have adopted some of the chemicals used by the members of the "counter culture", especially marijuana. Many people smoke marijuana and let their hair grow, but still value a career, a three-bedroom house, and a late model car. Their behavior or life style is basically unchanged.

There also appears to be a generation gap of sorts within the drug counter culture; older users may be appalled by young users' haphazard ways of taking drugs. Many people retain the image of today's drug user as being a "flower child" similar to those of the Haight Ashbury in the late 1960's, that is to say, they think of him as a person who is nonviolent, interested in Vedic Indian or American Indian philosophy, and who primarily uses LSD and marijuana. Such people are still in evidence, but there are many other kinds of drug users. The Haight Ashbury scene has changed from the "flower child trip" to one of amphetamines and heroin, a far more violent and psychotic trip. Some people who view this change conclude that the entire drug scene has changed in a similar fashion. This apparently is not the case.

The drug dependent minors in Sunshine School had these things in common: all were classified as being drug dependent by a doctor and all had experienced failure in school; some of them were "hip", and some of them were "straight". Some were interested in ecology and antiwar movements, and others were interested in motorcycles and rock singers. All at one time had been interested in drugs.

Five representative patterns of drug use follow. Each of these drug users was involved in his own drug scene and is typical of the students who were enrolled in Sunshine School.

* * * * * * * * * * * * * * * * * * * * * * * * * *

Mark is 14. His parents are divorced and he lives with his mother in a suburban apartment building. His mother works during the day and although he has time to see her in the evenings, they spend little time together. He would rather be with his friends. Mark was once a good student but in the past few years has been getting into trouble often -- cutting, skipping gym, misbehaving in class, and fighting. His grades also have dropped.

Most of Mark's friends use drugs, but some do not. He was offered a chance to sniff glue a year ago. He and three other classmates met in a garage after school and achieved a "high" by squeezing airplane glue into a paper bag and breathing the fumes. He used glue several times after that. He also tried smoking marijuana, but did not get very high. He took some amphetamine tablets but they kept him awake and made him feel nervous after a while.

As time went on, Mark's friends changed and he became involved with a group of boys who were more heavily involved with drugs. They introduced him to barbiturates. One of them borrowed his older brother's motorcycle and took Mark for a ride. There was an accident and Mark was taken to the hospital where several seconal tabs were discovered in his pocket. His mother was informed, but not the police. She tried to keep him at home for a few weeks after that but finally allowed him to go out.

When he was home, there was fighting and arguing about drugs, his hair, and his friends. Mark's mother did not know his friends before, but when he was at home some of them visited. They seemed a tough, dirty bunch to her.

Mark and his friends have some characteristics in common: they are doing poorly in school, have the same interests (motorcycles, cars, girls, and drugs) and have similar family situations; they have created an identity for themselves involving rebellion. Many of the other students in their school use drugs. However, Mark and his friends are a fast, tough group and take pride in their hard clothes and behavior.

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Paul is 17. He was introduced to marijuana when he was 14 and now uses the drug regularly several times per week. He has several friends, all of whom use drugs. He feels that marijuana is not harmful and that it has made him more "aware" and helps him communicate with his friends. Paul has average grades in school, except in mathematics where he has done consistently poor work. He does not like the school system but is willing to stay in order to receive a diploma. His parents have always expected him to go to college, and although he does not have any strong goals, he and most of his friends plan to attend the local community college. Paul's father is a successful realtor. Paul has a good relationship with his parents. They are aware of some of his drug use.

Paul's life is tied increasingly to the use of marijuana and to the drug scene. A few years ago, he and his friends attended rock concerts whenever they could; however, these became less frequent and they were spending more evenings at someone's house getting stoned and listening to their stereos. Much of their conversation revolves around marijuana and other drugs although they have only experimented with drugs such as amphetamines and barbiturates a few times and marijuana is their drug of choice. Occasionally they will drink some wine with the marijuana.

Paul took LSD once with a friend. He thought that it was pretty "far out" but a little "heavy" at times so he was not too interested in taking it again. He knew other students who were much more involved with the drug scene and who were always inviting him to "turn on" to "acid", "reds", or something.

Paul and his friends have similar feelings and attitudes about many things. Paul is interested in ecology but has never joined any political groups nor participated in any political activity. He usually wears a peace symbol on his jacket. He is mainly interested in getting a VW bus and a "pad" of his own.

* * * * * * * * * * * * * * * * * * * *

Judy is 17. She is doing poorly in school and is often in trouble. She has been suspended several times. She would like to quit school and get away from her parents who "hassle" her a lot, she feels. She has run away several times and has spent some time in Juvenile Hall as a run-away. Judy began taking "whites" and smoking "grass" with some older boys when she was 14.

Judy does not have any real friends but began hanging around with some girls downtown and around the beach. There she met some older boys who rode motorcycles. They were "into" "reds" and wine. Judy loved the thrill of getting high and riding around on a motorcycle. She developed a certain wisdom about getting along with a tough crowd in a rough part of town. She became skillful in moving in her own "scene", obtaining drugs, and not getting "busted".

Judy's parents, who drink a lot themselves, yell at her when she gets home late. They think she has been out drinking and are not aware of the drugs. Occasionally her father hits her. Judy does not try to communicate with them. She is waiting until she is 18 so she can leave home legally.

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Mike is 16. He lives with his 28-year-old brother who is an auto mechanic. His father left his mother when he was nine. His mother works at night. She sent Mike to live with his brother after giving up trying to control him. Mike sniffed glue and gasoline when he was 13 but stopped when he experienced serious headaches. He used "grass" and psychedelics for a while but had a bad "acid" experience. He started cutting school and associating with some people who lived in a large old house downtown. Mike started taking barbiturates there and drinking cheap, red wine. One of them eventually gave Mike some heroin. This was the best he had ever tried. He felt that he would just take it, and stop if he felt that he was getting hooked. Besides, a couple of other people were using it and handled it really well.

Mike found himself desiring the drug after a few weeks and then tried to stop, but could not. He soon ran short of money to buy the drug and began shoplifting and taking things from his mother. When she accused him of it, he flew into a rage. He was suspended from school for cutting, and it was then his mother sent him to live with his brother.

Mike's brother has smoked marijuana a few times but generally only drinks beer. Mike likes his older brother but thinks he is pretty "straight". Mike has been stealing from his brother. This has been stopped because his brother discovered the needle marks on Mike's arms. Concerned, and realizing the seriousness of the situation, he has confronted Mike. Mike admits to using the drug and stealing from his brother and mother. He does not want to steal or hurt anyone, he just needs to get more heroin.

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Patty is 17. She is an intelligent, pretty girl. She has mixed feeling about school. She likes some of her teachers and thinks some of her classes are interesting but hates all the rules, grades, and the "games" she feels she has to play.

Patricia smoked marijuana for the first time when she was fifteen. She used LSD soon after that. Patricia's first "acid trip" was a marvelous experience. She took it one Saturday morning in the mountains with her boyfriend. It was really scary at first but the paranoia passed and for several hour she felt very, very "high". Patricia felt that Saturday was the best day of her life. She felt she had discovered a new source of love and knowledge within herself. She took LSD several times on weekends after that. Sometimes she would have trouble sleeping the night after and would feel a little confused and tired for the next few days.

Patricia's behavior and appearance have been changing since she started taking LSD. She has begun eating organic food, wearing simple clothes, and neglecting her school work. She has been reading books on sensitivity training and Eastern religions. She has started to play the guitar and making macrame. She values the experience of the moment rather than the future or past. Her goals, which were rather ambiguous to start with, have become more so. She talks of dropping out of school and traveling around the country. However, she does little to help realize this fantasy.

Her parents are unaware of her using LSD but are upset that she is turning into a "hippy". Patricia loves her parents but feels sorry that they are so "uptight" and always wrapped up in one problem after another. She tries to be really calm and warm around home hoping to "loosen them up".

Patricia took LSD two or three times a month throughout her junior year in high school. At times she would start to feel "spaced out" and would stop for a few weeks. Her boyfriend graduated a year ahead of her and got a job delivering organic eggs to health food stores. He rented a room in a farm house

occupied by several other people not far from town. Patricia really wanted to move in with her boyfriend before she graduated but knew that was impossible.

In time, the drugs she had been taking started getting to her. She would have spells of depression and often have trouble finding words. Her boyfriend was also bothered by after effects from the drugs. Once he had a strong LSD flashback. They both decided to stop using "acid" for awhile and let their minds settle down. They continued to smoke marijuana. They also started going to a Yoga class and began meditating. They took acid a few times during their senior year but stopped when they found that it interfered with their yoga and meditation.

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These scenarios offer a glimpse into the lives of young drug users. The following books are recommended for more complete descriptions of patterns of drug use:

Reference 2 - Be Here Now
Reference 10 - The Drug Experience
Reference 11 - The Pleasure Seekers
Reference 27 - Love Needs Care
Reference 31 - The Electric Kool Aide Acid Test
Reference 32 - Synanon: The Tunnel Back

Reading this guide component and the books above is not enough research for most people to do. For someone new to the drug problem, the activities that follow are highly recommended:

1. Spend a week at the National Drug Abuse Training Center in Hayward. The center can be contacted at the following address: 25036 Hillary, Hayward, Ca., telephone 582-4241. Reservations should be made early because there is quite a demand for the center's service.

2. Visit drug programs including institutional programs, hospitals, street people programs, school programs, drop-in centers, and switchboards. Volunteering in these programs is recommended for those who have time. Contact the following agencies regarding their drug programs:

The Aquarian Effort
1239 Q Street
Sacramento, CA 95814
James Estabrook, Director
916 444-6297

Orange County Office of Education
Drug Abuse Prevention Education Center
1104 Civic Center Drive, West
Santa Ana, CA 92701
Herbert O. Brayer, Coordinator
714 834-3961

Alameda County Office of Education
Drug Education Center
224 West Winton Avenue
Hayward, CA 94544
Orle M. Jackson, Coordinator
415 783-5800

Coronado City Unified School District
706 Sixth Street
Coronado, CA 92118
Dr. Bensley, Director
714 435-3133

Do It Now Foundation
417 May Street
Santa Cruz, CA 95060
Harry Richardson, Director
408 423-2003

Santa Barbara County Drug
Abuse Intervention Project
4400 Cathedral Oaks Road
Santa Barbara, CA
Eleazar Ruiz, Director
805 964-4711

The Odyssey House
Drug Abuse Program
Mendocino State Hospital
Box X Talmage, CA 95481
I. H. Perkin, M. D.
Program Director
707 426-3871

3. Talk to people in public agencies who deal directly with drug users including the Mental Health Department, the County Hospital, School Districts, the County Office of Education, Police Departments, Probation Departments, the District Attorney's Office, and any county-wide citizens committees on drugs or a county-coordinated committee of program directors.

4. Youngsters who have had drug problems and have solved these problems are a good source of information. It is recommended that staff members talk to these youngsters and also to parents and youngsters who have been unsuccessful in solving their drug problems.

5. Read magazines like the "Rolling Stone" and other underground publications. Some of these have regular articles on drugs and they will all present a narrow glimpse of the counter culture.

6. Spend some time in hip hangouts and talk to various hip people. This should not be thought of as infiltrating or spying. The purpose is to gather information. This will also help the staff feel comfortable around drug users. Rock concerts may also be attended.

The opinions of experts about drugs and drug use are often contradictory. It is easy, therefore, for the layman to be confused about drugs. A list is therefore included in this Component that may help to clear such confusion. This list follows:

1. Drug facts are not enough

   Drug information is not enough to prevent someone from using drugs. It was found at Sunshine School that too much discussion of drugs and their use tended to reinforce the students drug fantasies and behavior.

2. Drug Scenes

   Each drug user is involved in a scene that supports him and in some way satisfies his needs. In many cases, this scene revolves around a single chemical. There are speed scenes, psychedelic scenes, heroin scenes, alcohol scenes, and barbiturates scenes. A person's scene may also revolve around a philosophy, a charismatic individual, and so on.

3. Stopping a user's drug use is not enough

   A person who is abusing a drug and is involved in a drug scene is coping with his existence through this behavior. By removing the supply or by convincing him that he shouldn't be taking a drug requires additionally that he find new friends and develop new coping behaviors.

4. Drug User

Ways to rehabilitate individuals or to prevent drug abuse must include working at the source of abuse; the emotional set and environmental setting of the user.

5. Family

Most of the drug users served at Sunshine School have had family problems. A drug program must recognize this and if possible work to improve family relationships.

6. Politics, Peace, and Ecology

The younger generation is known to be aware of political and environmental issues, and young people have encompassed some of these issues as their own cause; however, many drug abusers tend to shy away from working for these causes and give them little support.

7. Materialism

Some drug users place high value on certain material objects: clothes, vehicles, guitars, stereo equipment, and chemicals.

8. Long Hair - Short Hair

Lots of kids with long hair don't use drugs and lots of kids with short hair do. Many kids no longer consider hair the determining factor between hip and straight people. Hair can become an issue if you decide to make it so.

9. Drug Use does not always start with marijuana

Many kids began their drug use with chemicals other than marijuana- Glue, alcohol, tobacco, and amphetamines are other common drugs that introduce people to drug-taking.

10. Alcohol

Kids don't take drugs instead of alcohol. The use of alcohol by students at Sunshine School is increasing and alcohol is part of many drug scenes. Marijuana, amphetamines, and barbiturates are commonly used along with alcohol. Some teenagers are choosing alcohol as the drug of abuse.

11. Cigarettes

As marijuana is smoked more often by a young person, he may also increase his use of cigarettes. There may be a correlation between the ability to stop smoking cigarettes and the ability to stop taking other drugs.

12. City and Country

Urban drug scenes vary from suburban and country drug scenes. The urban scene tends to be harder than the country scene; for example, there is more heroin and amphetamine in the city, whereas the country scene tends to revolve around grass and psychedelics. Suburban scenes usually encompass a smorgasbord of drugs although some areas seem to have a distinct drug of choice.

13. Flower Children

Most young drug abusers are not taking drugs for the purpose of achieving enlightenment, but instead, think of the experience as a spree; a thing to do when going to a party, watching a movie, or as a way to kill time. Many people involved in the original flower child movement professed a mystical philosophy. Some of these people still do. Many consider the LSD experience a religious experience.

14. LSD, not mescaline

There is little mescaline available on the streets. Most of the drugs sold as mescaline turn out to be LSD. People are scared of LSD because of the publicity linking birth defects to its use.

15. LSD and Birth Defects

Apparently LSD does damage chromosomes, but so does aspirin, coffee, and coke. However, there is no proven link between LSD use and birth defects.

16. The Here and Now

Many drug users value living for the moment; living in the "here and now". Older people place high value on planning and working for the future and on pleasant memories of the past whereas drug users value experiencing pleasure moment by moment.

17. Drug Sources

Most drug users buy drugs from friends or from friends of friends, not from "pushers". People who sell drugs are called "dealers". Drugs may be dealt in some hip hangouts; however, for young kids, schools are a common place to obtain drugs.

18. Changing Drug Scene

The drug culture has changed considerably since its blossoming as a small mystical flowery scene in the mid-sixties to a now much larger, harder, and commercial scene. It is important to keep up on the local drug scene.

19. Drug Users May Not Know the Facts

Many young drug users are misinformed about drugs and their effect; i.e., Sunshine School has had students who confuse opium and hashish, don't know that barbiturates are addicting, or that "rocket fuel" is harmful. Some limited drug education should be available in your program. (See "Dope for Students", Section 5.3).

DRUGS OF ABUSE

| TYPE | GENERIC NAME | SLANG NAME | AVERAGE DOSAGE * | DURATION (hours) | METHODS OF ADMINISTRATION | POTENTIAL FOR DEPENDENCE | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | PSYCH. | PHYSICAL | LON |
| ALCOHOL | BEER, WINE<br>HARD LIQUOR | BOOZE | 12 oz<br>1-1½ oz | 2-4 | ORAL | HIGH | YES | ADDIC<br>& LIV |
| BARBI-TURATES | AMYTAL SODIUM<br>NEMBUTAL<br>TUINAL<br>SECONAL | BLUES<br>YELLOWS<br>RAINBOWS<br>REDS | 60-180mg<br>30-100mg<br>60-180mg<br>30-90mg | 4<br>3<br>4<br>3 | CAPS, TABS, INTRAVENOUS | HIGH | YES | AD<br>DA<br>WI<br>IL |
| CANNABIS | MARIJUANA<br>HASHISH | GRASS, POT<br>WEED, BUSH<br>HASH | VARIES | 4-6 | SMOKE, EAT, DRINK (TEA) | MODERATE | NO | HABI<br>WAST<br>AND |
| OPIATES | OPIUM<br>HEROIN | "O"<br>SMACK, JUNK | VARIES | 4<br>4 | SMOKE<br>INTRAVENOUS<br>OR SNIFF | YES | YES | TOXI<br>ADDI<br>WITH |
| COCAINE | | COKE | VARIES | ½ | SNIFF OR INJECT | HIGH | NO | TOXIC |
| AMPHE-TAMINE | BENZEDRINE<br>DEXEDRINE<br>METHEDRINE | WHITES, BEANS<br>BENNIES<br>DEXIES, ORANGES<br>SPEED, METH, CRANK | 10-15mg<br>5-15mg<br>5 mg | 4-6<br>4-6<br>4-6 | PILLS, CAPS,<br>INTRAVENOUS | HIGH | YES/W CONT. HEAVY USE ie 2000mg PER DAY | SYMP<br>PARA<br>SCHI<br>WEIG |
| PSYCHE-DELICS | LSD<br>PSILOCYBIN<br>MESCALINE<br>MDA | ACID<br>MAGIC MUSHROOM<br>MESS<br>LOVE DRUG | 100 mcg<br>40mg<br>350mg<br>100mg | 10-12<br>6-8<br>10-12<br>12 | LIQUID, CAP, TAB<br>CAP<br>CHEW CACTUS BUTTON<br>CAP | MODERATE | NO | VALU<br>POSS<br>DISO |
| SOLVENTS | GLUE(TOLUENE)<br>GASOLINE<br>LIGHTER FLUID | | | 2 | INHALE VAPORS | YES | NO | LIVER<br>& KID<br>HALLU |

*NOTE: Dosages are variable, stated barbiturate and amphetamine dosages are size of a single pill
Psychedelic doses vary and are generally lower than those shown. Contents of street drugs

OF ABUSE

| AVERAGE DOSAGE * | DURATION (hours) | METHODS OF ADMINISTRATION | POTENTIAL FOR DEPENDENCE | | USUAL EFFECTS | |
|---|---|---|---|---|---|---|
| | | | PSYCH. | PHYSICAL | LONG TERM | SHORT TERM |
| 12 oz<br>1-1½ oz | 2-4 | ORAL | HIGH | YES | ADDICTION, BRAIN & LIVER DAMAGE | LOSS OF COORDINATION, NAUSEA |
| 60-180mg<br>30-100mg<br>60-180mg<br>30-90mg | 4<br>3<br>4<br>3 | CAPS, TABS, INTRAVENOUS | HIGH | YES | ADDICTION, DANGEROUS WITHDRAWAL ILLNESS | DROWSINESS, GIDDINESS, POSSIBLE OVERDOSE |
| VARIES | 4-6 | SMOKE, EAT, DRINK (TEA) | MODERATE | NO | HABITUATION, WASTE OF TIME AND ENERGY | RELAXATION, GIDDINESS, DEPRESSANT - STIMULANT |
| VARIES | 4<br>4 | SMOKE INTRAVENOUS OR SNIFF | YES | YES | TOXIC PSYCHOSIS ADDICTION WITH WITHDRAWAL ILL. | EUPHORIA WITHDRAWAL, DEATH FROM OVERDOSE |
| VARIES | ½ | SNIFF OR INJECT | HIGH | NO | TOXIC PSYCHOSIS | STIMULANT |
| 10-15mg<br>5-15mg<br>5 mg | 4-6<br>4-6<br>4-6 | PILLS, CAPS, INTRAVENOUS | HIGH | YES/W CONT. HEAVY USE ie 2000mg PER DAY | SYMPTOMS OF PARANOID SCHIZOPHRENIA, WEIGHT LOSS | STIMULANT INCREASED MENTAL ACTIVITY GRANDIOSE DELUSIONS |
| 100 mcg<br>40mg<br>350mg<br>100mg | 10-12<br>6-8<br>10-12<br>12 | LIQUID, CAP, TAB<br>CAP<br>CHEW CACTUS BUTTON<br>CAP | MODERATE | NO | VALUE CHANGES<br>POSSIBLE MENTAL DISORGANIZATION | VISUAL IMAGES SENSORY AWARENESS ANXIETY, EUPHORIA IMPAIRED COORD. MAY PRECIPITATE PSYCHOSIS OR PANIC |
| | 2 | INHALE VAPORS | YES | NO | LIVER, BRAIN, & KIDNEY DAMAGE<br>HALLUCINATIONS | SIMILAR TO DRUNKENESS, HALLUCINATIONS DEATH/OVERDOSE |

biturate and amphetamine dosages are size of a single pill or cap.
enerally lower than those shown. Contents of street drugs vary widely.

## 4.3 DOPE FOR PARENTS

This section of the Drug Information Component is a sample handout of drug information that may be distributed to the parents of pupils after they have enrolled in the drug dependent minor program. The staff may also wish to read this section for it describes the effects of commonly used drugs and offers suggestions to parents in working with their child. Parent/staff meetings may be a good opportunity to present and discuss this material. Reproduction and distribution of this document in whole or in part is encouraged once written permission is obtained from the Santa Cruz County Office of Education, Dr. Richard R. Fickel, Superintendent, 701 Ocean Street, Room 200, Santa Cruz, California 95060.

## DOPE FOR PARENTS

### INTRODUCTION

Your child is enrolled in this program because he is having a problem involving drugs and drug abuse. This problem may be new to you or you may have been aware of it for some time. It may have shocked you or you may feel that it is a problem that you and your child are going to have to work out together and that for your child, it is part of growing up. This pamphlet is intended to help you work with us to help your child. Hopefully, it will help allow you and your child to discuss drugs and your child's involvement with them in a reasonable way.

Our society uses lots of drugs both legally and illegally. Remember that coffee, alcohol, and nicotine are mind altering drugs. So are sedatives, tranquilizers, sleeping pills, and stimulants. The media is swamped with drug advertisements encouraging people to solve their problems through the medicine cabinet, i.e., if you have a headache, take an aspirin; if you can't sleep, take a sleeping pill; if you can't wake up, take a stimulant; if you are nervous, take a sedative. The media also, in recent times, has devoted much attention to the illegal use of drugs in the Haight Ashbury scene, at Woodstock, by the rock culture, among teenagers, and among professional athletes.

A young student today is confronted with more drug taking possibilities than you probably ever were when you were in school. In most metropolitan areas, drugs of all kinds are available, without too much difficulty, to the drug seeking student. It is important to note that drug effects vary greatly with the individual and depend a lot on his emotional and physical set and the surrounding in which the drug is taken. You may be aware that some people can drink several glasses of an intoxicating beverage and be able to function reasonably while others would have sunk under the table long before!

In the following material, the first section contains a brief description of the drugs most commonly used by adolescents and the effects of those drugs. The second section discusses some reasons for drug use and

the third, some suggestions on what can be done to solve this problem. A chart is included at the end of the booklet which summarizes aspects of what is known about these drugs. You may also want to read some of the recommended books.

The following drugs will be discussed:

| | |
|---|---|
| PSYCHEDELICS | MARIJUANA AND HASHISH |
| AMPHETAMINES | GLUES AND GASES |
| BARBITURATES | COCAINE |
| OPIUM AND HEROIN | NICOTINE |
| ALCOHOL | CAFFEINE |

PSYCHEDELICS

The psychedelics are non-addicting, mind altering drugs. They include LSD (acid) and mescaline. These drugs have received widespread and varied publicity in the last few years. Bizarre behavior can follow the use of psychedelic drugs. Although for some, the psychedelic experience is terribly frightening, and for others it is an ecstatic experience, a person's reaction to a psychedelic drug is difficult to predict. Many things may influence a psychedelic "trip" including the environment in which the drug is taken, who it is taken with, and the person's psychological and emotional set.

People who take psychedelic drugs may frequently be hurting themselves in the long run. Some people have suffered mental anguish and in extreme cases, recurring hallucinations after taking LSD. Most people who take the drug a few times, however, show little or no visible sign of serious or abnormal maladjustment after the experience. There is no proof that psychedelics like LSD cause birth defects or physical sickness; however, they may impair basic mental processes.

Psychedelic drugs are usually sold as small capsules or as pills of various colors and dosages. All

psychedelic drugs are manufactured illegally and as a result, their true contents are not known by the purchaser. Some of these illicit psychedelic drugs contain other chemicals such as strichnine (a poison) and amphetamines. Almost all of the pills sold as mescaline are really LSD.

When someone is under the influence of a psychedelic, their pupils are dilated (enlarged), their hands may tremble, they may feel sick or be disoriented, they may have trouble talking, they may smile a lot, or they may feel panicky. People seeking escape from reality usually do not take psychedelics very often since personal problems are not forgotton, and may be intensified while under the influence of the drug.

BARBITURATES

Barbiturates are sleeping pills. They are a depressant and are physically addicting. People under the influence of these drugs behave in a drunken fashion, however, there is no smell of alcohol about them. Their speech may be slurred and they may have trouble walking. If one becomes physically addicted, withdrawal can be a dangerous experience. There is also a high possibility of overdose with these drugs especially when mixed with alcohol. Alcohol increases the potential of the barbiturates and also multiplies the potential for an overdose.

Common barbiturates used by young people are reds, blues, and rainbows. The brand name for reds is Seconal; Blues are Amyutal Sodium; and Rainbows (a mixture of reds and blues) is Tuinal. These drugs are sold in bright red or blue caps. Some of them are manufactured illegally. Others are manufactured by reputable American pharmaceutical companies, shipped to Mexico, and smuggled back into the United States and sold illegally on the streets.

Remember that reds are a common form of barbiturates used by young people and that barbiturates are physically addicting and require increased doses to maintain the initial effect. Withdrawal is very dangerous and requires a doctor's supervision. Also, remember that reds and alcohol should not be mixed.

## AMPHETAMINES

Amphetamines keep people awake and reduce one's appetite. Diet pills are amphetamines. Common amphetamines include benzedrine, dexedrine, and methedrine. These are all brand names of different types of amphetamines. Amphetamines are taken orally or are injected. They are not addicting in a physical sense, however, people can become dependent on them for psychological reasons. People who have a lot of work to do in a short period of time may use amphetamines and with continued use, may desire the effect of the drug, i.e., students are known to use them to stay up late to study for exams, housewives use them to diet, and so on.

Amphetamines are sold as pills, usually small white pills with a double notch on top (whites, beans or cross-tops) or as various colored and shaped pills (oranges, greenies) or as a white powder (crank) for injection. People on amphetamines seem to be excitable and high strung. They cannot sleep, have no appetite, and probably talk a lot. They may feel paranoid at times. Their pupils are dilated, their mouths are dry, and they tend to perspire a lot.

The term, "Speed Freak," is applied to a person who uses high doses of amphetamines intravenously. Speed freaks use the drug to such excess that they may shoot up every few hours for a period of several days, during which time they have little or no sleep, and rarely eat. Because of the appetite inhibiting influence of amphetamines, long term users lose a lot of weight and tend to develop a demented, wasted appearance.

Amphetamine users do not use the drug in a search for enlightenment, but rather value the feeling of power they experience with the drug. Once off the drug, however, this sensation of power can be replaced by feelings of physical and mental weakness.

OPIUM, HEROIN, METHADONE

Opium is a dark, gummy substance obtained from opium poppies. Heroin is synthesized from opium. Both of these drugs are classified as narcotics. They are physically addicting, require increased doses, and extreme withdrawal symptoms result from attempts to reduce or cease their use. Opium is usually smoked. Heroin is available as a white powder and can be sniffed but is more commonly injected, leaving scars on the arms and wrists. Heroin is very expensive, and as a result, addicts spend much of their time trying to pay for their habit either through legitimate means or more often, through stealing, prostitution, or sale of the drug to other addicts.

Methadone is a drug that relieves the withdrawal sickness of heroin addicts. Methadone is only distributed to addicts who have failed in other rehabilitative programs and who have been addicted to heroin for several years. Methadone is also a narcotic. No one is sure how long it takes to withdraw a heroin addict from methadone. Regulated methadone use does allow an addict to perform most of the functions of daily living. Many addicts keep jobs, raise families, and so on while being maintained on methadone.

Heroin is dangerous because of its addictive properties and because of the incredible struggle required to withdraw. It is also dangerous because there is a high potential for overdose. The heroin sold on the west coast is weak in comparison to that sold on the east coast. It is possible, therefore, for a west coast addict to inject his usual amount of heroin and overdose because the heroin he is injecting from the east coast is much stronger than the west coast variety.

ALCOHOL

You may not have realized it, but alcohol, like amphetamines or psychedelics is a mind altering drug. Alcohol depresses the system the same way barbiturates do. Alcohol can be physically addicting and heavy

users (alcoholics) develop withdrawal sickness (Delirium Tremens) when they try to stop using the drug. Alcohol is legal, but the abuse of it still causes considerable social damage and damage to individuals. Joel Fort has written a book called the Pleasure Seekers. In this book he estimates that there are at least 25 million alcoholics around the world. In some countries almost 10% of the population is estimated to be alcoholics. Americans drink roughly 650 million gallons of distilled spirits, 100 million barrels and 6 billion bottles or cans of beer, 200 million gallons of wine, and 100 million gallons of moonshine. If you know someone who drinks heavily, you know the personal waste which abuse of this drug can cause. Young people are increasingly using alcohol at earlier ages along with other drugs.

MARIJUANA AND HASHISH

Marijuana is probably the most widely abused drug used by young people. They find it to be cheap and easy to purchase. They feel that it is harmless and that its effects are desirable. They feel elated and happy when they are using this drug. Marijuana is not physically addicting and no one has ever died from an overdose; however, some people become psychologically dependent on this drug and habitually use it before doing anything such as going to a friend's house, a movie or a party -- or they may just sit around and smoke it all evening.

Marijuana is sold in one-ounce plastic "Baggies" called lids. Lids sell for about $15. The marijuana is rolled in cigarette papers or placed in a pipe and smoked. Hashish is a more potent form of marijuana. It is compressed into a dark solid. Present research data is limited. Marijuana may have some medical uses. It may be physically harmful. Until studies are complete, the only thing that is known for sure is that is is illegal.

## GLUES AND GASES

Materials in this category include airplane glue, gasoline, and lighter fluid. People have found that by breathing the vapors of these chemicals, they can become high. The psychoactive substance in glues is usually toluene. Airplane glue is composed of toluene acetate. The glue is placed on a small piece of cloth or in a paper bag and the vapors are then inhaled. Gasoline and benezene are also used as inhalents. These drugs damage a person's liver and disrupt the corpuscle producing ability of bone marrow. They are also known to potentiate or possibly produce psychiatric problems. These drugs are not addicting, however, they do have an overdose potential.

Glues and other inhalents are primarily abused by youngsters in late elementary school and in junior high school. They are considered a "dumb" chemical to use by older drug users. People who continually abuse this drug may have runny noses, red eyes, headaches, and have problems in speaking. Airplane glue, paint thinner, lighter fluid, and other such substances are readily available to the potential user but knowledge of the effects of these drugs usually convinces most young people not to use them.

## COCAINE

Cocaine is classified as a narcotic; however, its effects resemble those of amphetamine more than of heroin or opium. The drug is sold as a white powder and can be sniffed or injected. It is not physically addicting but psychological dependence can develop. The effects of the drug are similar to those of high doses of amphetamines. Long term use of cocaine has caused deranged behavior in some people. If the drug is sniffed, through the nostrils, a perforation of the septum may occur. (The drug destroys the cartilage between the users nostrils to the extent that a hole is formed.) This is not uncommon among heavy cocaine users. The effects of the drug are not long lasting. Some heavy cocaine users inject the drug every ten minutes or so to sustain the drug's effects.

Remember that because cocaine is classified as a narcotic, the penalty for its use or possession is high. Also, it is not physically addicting, but can influence a person's behavior. Cocaine is an expensive drug and is therefore not available to most young drug users.

NICOTINE

Nicotine is obtained from smoking cigarettes. It is a mild stimulant and it is probably physically addicting. Many cigarette smokers develop withdrawal symptoms when they try to stop smoking. Nicotine is a poison but because of the small concentration in cigarettes, no one has ever overdosed on this drug through inhalation of cigarette smoke.

CAFFEINE

Caffeine is a stimulant and is found in coffee, tea, chocolate, and some cola drinks. It is used by people to stay awake and to help them work. It is known to increase mental activity and because of its stimulation properties, causes nervousness. Some people who try to stop drinking coffee develop mild withdrawal sickness, i.e., headaches and lethargy.

WHY DO YOUNG PEOPLE USE DRUGS?

Young people use drugs for many reasons. The most obvious, of course, is that they like to feel high. If people did not feel good after drug use, they would not continue to take drugs or be persuaded to experiment with them. If you use drugs (remember that alcohol, nicotine, and caffeine are drugs) try to think of why you take these drugs. Do you enjoy the way you feel after drinking a few glasses of wine? Many young people enjoy this same feeling. They also enjoy the sensations resulting from smoking marijuana, taking LSD, or other pills. This all may seem pretty obvious to you; nevertheless, all people want to feel good and drugs are one way of fulfilling, at least temporarily, this need.

What needs to be explored are the conditions which cause people to turn to chemical highs rather than finding ways to feel good without the help of substances. Are there things you do or things people do for you that make you feel good or high, i.e., walking on the beach, looking at the sunset, doing something creative, loving someone, skiing, or playing a musical instrument? Does your child have opportunities to feel good without chemicals, and are you helping to provide these opportunities?

Young people take drugs, then, to satisfy needs: needs for affection, recognition, peer approval, and the need to feel good. For some young drug users, the impulse to take drugs results from curiosity or a need for kicks, the same kind of kicks some people get from excessive use of alcohol. For many, it is a way to feel more confident in their relationships with other people, a way of solving problems or an escape from a world they are unable to deal with. Drugs often provide the source of a spiritual search for religion or enlightenment. What you as a parent must strive to do is open other opportunities to your child that will satisfy his needs without involving chemicals.

WHAT CAN PARENTS DO?

Being a parent is not easy, especially in these times. Young people today have many pressures and temptations. One of the best ways to prevent drug use among young people is to build strong warm family ties between parents and children. The following suggested activities may help you in helping your youngster solve his drug problem:

1. Be firm and fair. You are responsible for your child's behavior and you must establish the standards and rules for your home. Know where your child is and who he is with. Know when he should be home and let him know the required time - a fixed time is not necessary, you may have different times for school days and weekends. If he is going to be late, make sure he calls you first. Keep your word and be consistent. Listen to your child, love him, and let him know that you do.

2. Be an example. Watch your own behavior. Try to be reasonable and not compulsive. Especially be careful of your own drug use including alcohol and tobacco.

3. Take your child on family outings. Try to get him involved in activities with other people his age where he can satisfy some of the needs that were being fulfilled by drug use. Such activities might be guitar playing, skiing, camping, hiking, gardening, swimming, and so on.

4. Get to know your child better and develop ways of communicating. Have frank, open discussions about drug use. Do not include the drug issue with other superficial disagreements over hair, dress, etc. Get together as a family at home. Plan a meal together. Try to have a family dinner at least a few times a week. Play games together and do family chores together.

5. Require your child to be responsible. Do not be afraid to require him to do some work, help teach him how to work, and reward him for the work that he does. Encourage him to make decisions and to realize the consequences of the decisions he makes. Present him with alternatives and give him opportunities to choose an alternative after thinking through the expected results.

WHAT TO DO IF...

1. You find drugs belonging to your child in your home or in his possession...
   This is a sticky one. You could turn him into the police, or the other extreme, you could ignore the situation. A more reasonable approach may be to confront your child with your discovery and ask him to explain what the drugs are and what he is doing with them. Try not to become angry but instead discuss with your child what action you should take. Youngsters are harder on themselves than you may want to be. Finally, talk to the teacher or counselor in this school. Remember, your youngster has used drugs before and has survived, so this is not the worst thing that could happen. Work on some of the activities suggested earlier in this brochure and try to prevent such an occurrence from happening again.

2. If you find him stoned...
   This is a time when it is important to really be cool. If he is stoned on a psychedelic, you could really upset him if you become enraged. A good technique may be to keep him at home without isolating him. Keep your eye on him. Try to talk to him and find out what drug he has taken. Later when he comes down, discuss the situation with him.

3. If he is on a bad trip...
   A bad trip can be many things: a freakout while under the influence of a drug; a flashback, or wipeout, long after the drug was taken; withdrawal sickness; or lastly, an overdose. In all four cases you should call a doctor. You should try to keep your child awake in any circumstance and also try to keep him calm. The best way to do this is to remain calm yourself. This is especially true during a bad psychedelic experience. Try to find out what drug your child has taken and the quantity. In some cases, your doctor will refer you to a drop-in center or other crisis counseling organization. The best policy is to call a doctor and allow him to make that decision.

## Books to Read


1. Baba Ram Dass, Be Here Now, Lama Foundation, Alburquerque, New Mexico, 1971.
2. Ebin, David, The Drug Experience, Grove Press, Inc. New Yrok, 1961.
3. Fort, Joel, M.D., The Pleasure Seekers, Grove Press, Inc. New York, 1969.
4. Lingeman, Richard R., Drugs From A to Z, McGraw Hill, New York, 1969.
5. Marin, Peter and Cohen, Allan Y., Ph,D., Understanding Drug Use, Harper & Row, 1971.
6. Smith, David E., M.D. and Luce, John, Love Needs Care, Little, Brown, and Co., Boston, 1971.

DRUGS OF ABUSE

| TYPE | GENERIC NAME | SLANG NAME | AVERAGE DOSAGE * | DURATION (hours) | METHODS OF ADMINISTRATION | POTENTIAL FOR DEPENDENCE | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | PSYCH. | PHYSICAL | LONG T |
| ALCOHOL | BEER, WINE<br>HARD LIQUOR | BOOZE | 12 oz<br>1-1½ oz | 2-4 | ORAL | HIGH | YES | ADDICTIO<br>& LIVER |
| BARBI-TURATES | AMYTAL SODIUM<br>NEMBUTAL<br>TUINAL<br>SECONAL | BLUES<br>YELLOWS<br>RAINBOWS<br>REDS | 60-180mg<br>30-100mg<br>60-180mg<br>30-90mg | 4<br>3<br>4<br>3 | CAPS, TABS, INTRAVENOUS | HIGH | YES | ADDIC<br>DANGE<br>WITHD<br>ILLNE |
| CANNABIS | MARIJUANA<br>HASHISH | GRASS, POT<br>WEED, BUSH<br>HASH | VARIES | 4-6 | SMOKE, EAT, DRINK (TEA) | MODERATE | NO | HABITUA<br>WASTE C<br>AND ENE |
| OPIATES | OPIUM<br>HEROIN. | "O"<br>SMACK, JUNK | VARIES | 4<br>4 | SMOKE<br>INTRAVENOUS<br>OR SNIFF | YES | YES | TOXIC R<br>ADDICTI<br>WITHDRA |
| COCAINE | | COKE | VARIES | ½ | SNIFF OR INJECT | HIGH | NO | TOXIC P |
| AMPHE-TAMINE | BENZEDRINE<br>DEXEDRINE<br>METHEDRINE | WHITES, BEANS<br>BENNIES<br>DEXIES, ORANGES<br>SPEED, METH, CRANK | 10-15mg<br>5-15mg<br>5 mg | 4-6<br>4-6<br>4-6 | PILLS, CAPS, INTRAVENOUS | HIGH | YES/W CONT. HEAVY USE ie 2000mg PER DAY | SYMPTO<br>PARANO<br>SCHIZO<br>WEIGHT |
| PSYCHE-DELICS | LSD<br>PSILOCYBIN<br>MESCALINE<br>MDA | ACID<br>MAGIC MUSHROOM<br>MESS<br>LOVE DRUG | 100 mcg<br>40mg<br>350mg<br>100mg | 10-12<br>6-8<br>10-12<br>12 | LIQUID, CAP, TAB<br>CAP<br>CHEW CACTUS BUTTON<br>CAP | MODERATE | NO | VALUE<br>POSSIBL<br>DISORG |
| SOLVENTS | GLUE(TOLUENE)<br>GASOLINE<br>LIGHTER FLUID | | | 2 | INHALE VAPORS | YES | NO | LIVER,<br>& KIDNE<br>HALLUC |

*NOTE: Dosages are variable, stated barbiturate and amphetamine dosages are size of a single pill o
Psychedelic doses vary and are generally lower than those shown. Contents of street drugs v

| GS OF ABUSE | | | | POTENTIAL FOR DEPENDENCE | | USUAL EFFECTS | |
|---|---|---|---|---|---|---|---|
| ME | AVERAGE DOSAGE * | DURATION (hours) | METHODS OF ADMINISTRATION | PSYCH. | PHYSICAL | LONG TERM | SHORT TERM |
| | 12 oz<br>1-1½ oz | 2-4 | ORAL | HIGH | YES | ADDICTION, BRAIN & LIVER DAMAGE | LOSS OF COORDINATION, NAUSEA |
| | 60-180mg<br>30-100mg<br>60-180mg<br>30-90mg | 4<br>3<br>4<br>3 | CAPS, TABS, INTRAVENOUS | HIGH | YES | ADDICTION,<br>DANGEROUS WITHDRAWAL ILLNESS | DROWSINESS, GIDDINESS,<br>POSSIBLE OVERDOSE |
| T<br>H | VARIES | 4-6 | SMOKE, EAT, DRINK (TEA) | MODERATE | NO | HABITUATION, WASTE OF TIME AND ENERGY | RELAXATION, GIDDINESS, DEPRESSANT - STIMULANT |
| NK | VARIES | 4<br>4 | SMOKE INTRAVENOUS OR SNIFF | YES | YES | TOXIC PSYCHOSIS ADDICTION WITH WITHDRAWAL ILL. | EUPHORIA WITHDRAWAL, DEATH FROM OVERDOSE |
| | VARIES | ½ | SNIFF OR INJECT | HIGH | NO | TOXIC PSYCHOSIS | STIMULANT |
| ANS<br>NGES<br>TH, | 10-15mg<br>5-15mg<br>5 mg | 4-6<br>4-6<br>4-6 | PILLS, CAPS, INTRAVENOUS | HIGH | YES/W CONT. HEAVY USE ie 2000mg PER DAY | SYMPTOMS OF PARANOID SCHIZOPHRENIA, WEIGHT LOSS | STIMULANT INCREASED MENTAL ACTIVITY GRANDIOSE DELUSIONS |
| ROOM<br><br>G | 100 mcg<br>40mg<br>350mg<br>100mg | 10-12<br>6-8<br>10-12<br>12 | LIQUID, CAP, TAB<br>CAP<br>CHEW CACTUS BUTTON<br>CAP | MODERATE | NO | VALUE CHANGES<br>POSSIBLE MENTAL DISORGANIZATION | VISUAL IMAGES SENSORY AWARENES ANXIETY, EUPHORIA IMPAIRED COORD. MAY PRECIPITATE PSYCHOSIS OR PANIC |
| | | 2 | INHALE VAPORS | YES | NO | LIVER, BRAIN, & KIDNEY DAMAGE<br>HALLUCINATIONS | SIMILAR TO DRUNKENESS, HALLUCINATIONS DEATH/OVERDOSE |

barbiturate and amphetamine dosages are size of a single pill or cap.
re generally lower than those shown. Contents of street drugs vary widely.

## 4.4 DOPE FOR STUDENTS

This section of the Drug Information Component is a sample handout of drug information for students enrolled in drug dependent minor programs. It should not be distributed to students in regular schools as part of a preventive program since it is written for students who have had an extensive drug abuse background. Staff members may wish to read this document since information is presented here that is not included elsewhere in this component. Reproduction and distribution in whole or in part is allowed and encouraged although permission should be obtained by writing to the Santa Cruz County Office of Education, Dr. Richard R. Fickel, Superintendent, 701 Ocean Street, Room 200, Santa Cruz, California.

## DOPE FOR STUDENTS

You have had some involvement with drugs or you would not be in this program. This pamphlet is written to let you know what is known about non-prescription drugs that are commonly used by students and others. A lot of this you may already know, but read it anyway because it is what you don't know that will hurt you. All the information here is straight. It is not intended to scare you into not using dope, nor is it intended to help you be a better druggie. Its purpose is to let you know what you are messing with and what it can do to you.

The following drugs are discussed:

| | |
|---|---|
| PSYCHEDELICS | MARIJUANA AND HASHISH |
| AMPHETAMINES | GLUES AND GASES |
| BARBITURATES | COCAINE |
| OPIUM AND HEROIN | CAFFEINE |
| ALCOHOL | NICOTINE |

The effects of these drugs are described below; however, it is important to remember that drug effects vary greatly with the individual and depend on where his head and body are at and what is going on around him. Also, it is hard to know the dosage you have taken when street drugs are used. Even when you are buying from your friendly local dealer who sat next to you in English last year -- who knows where he gets his drugs and what people told him about what they are and can do.

In general, the drug scene has chang
was once supposed to be a friendly,
to a heavy, rip-off trip. People dea
getting hungrier for money and the d
dealing is getting more and more pol
is getting weaker. What is sold as
with strichnine (a rat poison), spee
quilizers. Reds have been found to
ous amounts of strichnine. Drugs so
out to be dog tranquilizers and othe

### PSYCHEDELICS - LSD

Psychedelics have been around for a
American Indians have eaten peyote ar
for hundreds of years. The most talk
most common psychedelic is LSD. LSD
in a laboratory by a Swiss chemist na
in 1938. People began unsupervised u
in the early 60's. Around the middle
of the drug mushroomed, the media pic
use with glowing descriptions of good
and it spread throughout the country.

The original acid sold on the streets
pure. Nowadays it is often mixed wit
little strichnine and maybe some left
manufacturing process. Strichnine is
LSD yet increases its potency. Altho
used in all acid, it is not uncommon.
worried about bummers, clean acid is
than dirty strichnine-acid combinatio
is probably cleaner than caps or pill

DOPE FOR STUDENTS

with drugs or you
This pamphlet is
s known about non-
mmonly used by
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because it is what
you. All the in-
t is not intended
pe, nor is it in-
druggie. Its pur-
ou are messing with

sed:

ANA AND HASHISH
AND GASES

NE
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described below;
member that drug
ndividual and de-
are at and what
it is hard to know
street drugs are
from your friendly
u in English last
his drugs and what
are and can do.

In general, the drug scene has changed from what was once supposed to be a friendly, flowery trip, to a heavy, rip-off trip. People dealing dope are getting hungrier for money and the dope they are dealing is getting more and more polluted. Grass is getting weaker. What is sold as LSD may be mixed with strichnine (a rat poison), speed, and dog tranquilizers. Reds have been found to contain dangerous amounts of strichnine. Drugs sold as THC turn out to be dog tranquilizers and other junk.

PSYCHEDELICS - LSD

Psychedelics have been around for a long time. American Indians have eaten peyote and mushrooms for hundreds of years. The most talked about and most common psychedelic is LSD. LSD was produced in a laboratory by a Swiss chemist named Hofmann in 1938. People began unsupervised use of the drug in the early 60's. Around the middle 60's, the use of the drug mushroomed, the media picked up on its use with glowing descriptions of good and bad trips, and it spread throughout the country.

The original acid sold on the streets was fairly pure. Nowadays it is often mixed with speed, a little strichnine and maybe some leftovers from the manufacturing process. Strichnine is cheaper than LSD yet increases its potency. Although it is not used in all acid, it is not uncommon. If you are worried about bummers, clean acid is probably safer than dirty strichnine-acid combinations. Paper acid is probably cleaner than caps or pills. Also, the

original clean acid is no longer around and if somebody is trying to sell you something called Orange Sunshine or Purple Owsleys, it is just the same old dirty acid, maybe a little more of it, and some food coloring.

If you insist on taking acid, think about why you want to do it. If you are trying to get your head together, that means that it is not together now and people whose heads are not together have a strong likelihood of going on a bummer. If you are seeking enlightenment or are trying to become centered, you are not going to get there with acid, (Richard Alpert, Leary's partner at Harvard and now Baba Ram Dass, has written a good book about this called Be Here Now that is worth getting into). If you just want to get loaded, remember your head may not be the same afterwards.

This is not to say that everything about acid is a bummer. If you have dropped or know friends who have, you know that it can be fun; but there is no guarantee about this and if you use it a lot, gluing your mind back together can be a real bummer.

None of the psychedelics are addictive; however, in time, increased dosages are required to get off on a drug like acid. Acid may or may not be physically harmful. There has been a lot of publicity about chromosone damage produced by LSD but the latest research has shown that LSD probably does not cause birth defects. Lots of things can damage chromosones such as aspirin, coffee, a bad cold, and LSD.

MESCALINE

Mescaline is the chemical derivative of peyote and is a psychedelic like acid. Peyote buttons can be chewed and swallowed or t
and put into a capsule. A c
eating peyote is that you wi
feel like vomiting with it,
mescaline sold on the street
some speed or garbage added.
you have to take a great big
contact cold cap. If someon
little cap or tab of somethi
it mescaline, beware, it is
probably acid.

PCP AND ROCKET FUEL

PCP is a heavy tranquilizer
is included under psychedeli
hallucinate while using it.
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Bummers are stong and linger
down. PCP is really dumb do

MDA

MDA is a psychedelic about a
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sones such as aspirin, coffee,
SD.

chemical derivative of peyote and
like acid. Peyote buttons can be chewed and swallowed or they may be ground up and put into a capsule. A common result from eating peyote is that you will get sick. If you feel like vomiting with it, do. Almost all the mescaline sold on the street is really acid with some speed or garbage added. To get off on mescaline, you have to take a great big cap, twice as big as a contact cold cap. If someone tries to sell you a little cap or tab of something and they are calling it mescaline, beware, it is something else -- probably acid.

PCP AND ROCKET FUEL

PCP is a heavy tranquilizer used for animals. It is included under psychedelics because you can hallucinate while using it. You can also go on a real bummer and get really sick. It is made for animals, not people. It is rarely sold as an animal tranquilizer on the streets because nobody but a burned-out moron would take an animal tranquilizer. It is usually called THC (chemical marijuana), organic mescaline when mixed with acid, angel dust, or more recently, rocket fuel and super grass. It may come in a cap but lately it is being mixed with a chemical like ether and poured over mint leaves or grass and rolled in a joint and smoked. If somebody offers you a new high and it smells minty and only takes two or three hits, it is probably PCP. It is known to damage your insides and your mind. Bummers are stong and linger long after you come down. PCP is really dumb dope.

MDA

MDA is a psychedelic about as strong as mescaline and is known to produce a smooth trip; however, most of the stuff sold on the streets as MDA turns out to be acid, lots of speed, maybe some PCP, strichnine, or other concoction.

PSILOCYBIN

Psilocybin is a derivative from the magic mushroom the American Indians once used. Most of the psilocybin sold on the streets is acid, maybe with some of the aforementioned additives. (strichnine, etc.) Because psilocybin comes from mushrooms, don't go tripping through the woods eating mushrooms and toadstools trying to get loaded because many mushrooms are poison. The Stropharia Cubensis is the only true psilocybin mushroom and it grows only in Mexico.

AMPHETAMINES

Amphetamines are uppers. Benzedrine, dexedrine, and methedrine are all amphetamines or amphetamine derivatives. You can buy them in little white pills with a cross on the top. These pills are called whites or cross tops. Or you can buy powdered or liquid crank to shoot up.

Amphetamines are used by doctors to help a patient lose weight or combat narcolepsy (involuntary sleep). Tolerance to these drugs develops in time and dosage must be increased. Amphetamine users experience a loss of appetite, cannot sleep, are restless, paranoid, irritable, and possibly violent. People who shoot speed may develop a physical dependence to the drug. Psychological dependence is more common, not just among speed freaks but also among students, housewives, truck drivers, etc. Mental activity is increased and speed is often used by people who have a lot of work to do in a short period of time; i.e., students cramming for exams.

Speed freaks go on speed runs. They may shoot for several days without eating or sleeping until finally they crash and when they come down, they are paranoid and starving. They then eat rav
for days, and then run around to
The following is ripped off a "D
cation called the Conscientious
Abuse:

Little red track marks are on yo
smiley and wired as you sit in t
whittle a wooden banana for thre
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great, so stoned it's unbelievab
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perfect register! Rush! Fffooo

Breakfast over, you go out to lo
you can whittle a monkey to go w
Then the Man sees this weird hai
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eyes. No dope, though, and luck
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They may shoot for
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and starving. They then eat ravenously, sleep for days, and then run around to get more speed. The following is ripped off a "Do It Now" publication called the Conscientious Guide to Drug Abuse:

Little red track marks are on your arms now. You're smiley and wired as you sit in the corner and whittle a wooden banana for three straight days without eating or sleeping. Your mind goes fast on speed--you have a million things to do--your heart is racing a million miles an hour. You feel great, so stoned it's unbelievable. The pill freaks come over and you whittle two bananas instead of one--from 9 o'clock Thursday night until 8 the next morning. You get out your kit--more speed--and perfect register! Rush! Fffooooooooossshhh!!!!!!!

Breakfast over, you go out to look for more wood so you can whittle a monkey to go with the bananas. Then the Man sees this weird hair and a guy walking around with a happy expression on his face. The siren pops on and you freak out. You're really paranoid now as they check out your tracks and your eyes. No dope, though, and luckily they let you loose. By Friday night you've nearly finished the monkey, and are going to start some palm trees soon. You keep imagining there's someone looking at you through the window. Your heart pounds fast. The door opens--it's Fred the smack freak from the second floor who wants to know if you have a spare needle. You give him your old one and tell him to boil it a lot because it's clogged. He comes back in a half hour to return the needle and you shoot up again in your living room. George comes over. You put away your works because everyone knows George is a narc anyway--besides, if he doesn't get you the guy looking through the window will!!!

You're still going a million miles an hour now--you finish the palm tree, you're scared to start on the coconuts because while you aren't looking somebody might grab your meth, your bananas and your monkey and hide them so you'd go insane knowing they were hidden and you couldn't find them. So you go lock yourself in the bathroom with your meth, your bananas, your palm tree and your monkey and shoot up the rest of the spoon--and pretty soon your head starts doing funny numbers and the monkey starts screaming and you run around holding your hands over your head--George gets freaked out and you figure he's going to get The Man but you can't do anything because the monkey is screaming and screaming so loudly that your head is shattered into a million pieces.

So your head stays that way for hours and hours and finally you give up and stare at the ceiling for awhile and crash for a week. When you wake up you're a mess. Your veins are messed up, your eyes are yellow and your skin is a glowing amber. You feel like an elephant is standing on your chest and won't let you move. You crumple yourself up in the wastebasket and the garbage collector takes you away. All this time you're thinking -- "Oh well -- it could have been the garbage disposal."

BARBITURATES

Barbiturates are downers. Reds, blues, and rainbows are all barbiturates and physically addicting. They have a high potential for overdose. If you take too many at one time, you will die. A tolerance is built up in time. They slow down your heart and lower your blood pressure. Doctors prescribe barbiturates as sleeping pills.

Barbiturates are manufactured by reput
maceutical companies in the United Sta
shipped to Mexico, and then smuggled b
states and sold on the streets. Some
illegally in labs. Secobarbital is th
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It is easy to become addicted to reds
have used them long enough, and try to
you are in for a dangerous time. With
barbiturate addiction can be worse tha
from heroin. Withdrawal should not be
without a doctor's supervision. Uncon
and grand mal convulsions can develop
kill you.

Some people mix reds with wine because
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The thing to remember about reds is th
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OPIUM, HEROIN, METHADONE

Heroin is a derivative of opium. It i
injected although it can be sniffed.
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are strung out can turn into a life tr
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screaming so loudly that
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veins are messed up, your
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Barbiturates are manufactured by reputable pharmaceutical companies in the United States, are shipped to Mexico, and then smuggled back into the states and sold on the streets. Some are made illegally in labs. Secobarbital is the most common barbiturate used illegally and has acquired the nickname "reds" because it comes in bright red caps. It is easy to become addicted to reds and if you have used them long enough, and try to withdraw, you are in for a dangerous time. Withdrawal from barbiturate addiction can be worse than withdrawing from heroin. Withdrawal should not be attempted without a doctor's supervision. Uncontrolled tremors and grand mal convulsions can develop that can kill you.

Some people mix reds with wine because alcohol multiplies the effects of reds. This practice is very dangerous. Both alcohol and barbiturates depress the nervous system and when combined, the depression multiplies. If you are interested in dying, reds and Red Mountain wine are a pretty reliable way of doing it.

The thing to remember about reds is that they depress your system and starve the brain of oxygen. You can easily become a red addict and withdrawing from reds is very dangerous.

OPIUM, HEROIN, METHADONE

Heroin is a derivative of opium. It is usually injected although it can be sniffed. It is highly addicting. Tolerance is built up in time and overdoses are not uncommon. Getting off smack once you are strung out can turn into a life trip. If you are strung out on junk, your life trip becomes ripping and running. A west coast heroin habit runs

about $50 to $100 per day. If you are a junky, you are going to have trouble getting a job making that kind of money. So ripping off, even your friends and family, running from the police, and getting sick from withdrawal is all you do.

Overdoses on heroin are usually accidental. Heroin on the west coast is usually pretty poor quality--one and a half percent heroin and the rest milk sugar and quinine. East coast heroin is stronger and Vietnam heroin is stronger yet. If you start using west coast heroin, it will take you longer to get strung out. A west coast addict who shoots up his normal dose with Vietnamese or east coast heroin can easily overdose.

We have said that the drug scene is getting heavier, but the heroin scene is the heaviest of all. People don't deal heroin, they really do push it. If you think you will just shoot it until you feel like you are getting hooked and then quit, forget it; it will be too late. Once you feel like you are hooked, you really are, and if you stop, you will get sick. Getting off smack is not easy even though Synanon and other groups have had some success.

Methadone is being used more and more; however, to be eligible for most methadone programs, you have to have tried everything else and failed. The only people eligible for methadone are people who are ready to die because of the junk habit they have. Even if you can get it, it is still a bummer. Getting off methadone is not easy. It may take years and you have to let the agency distributing the methadone control a lot of your life.

Heroin is the world's biggest drug bummer.

ALCOHOL

Alcohol is a depressant. Alcoho
cally addicting. An estimated o
thirty Americans are alcoholics
number one drug killer in the wo
your mind and body. Withdrawal
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shakey, sickening experience --
symptoms.

Alcohol is the most abused drug
drunks are especially dangerous
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MARIJUANA

Much research is being done on m
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biggest drug bummer.

ALCOHOL

Alcohol is a depressant. Alcohol is also physically addicting. An estimated one out of every thirty Americans are alcoholics. Alcohol is the number one drug killer in the world. It can damage your mind and body. Withdrawal from alcohol is dangerous and a bummer. Delirium tremens -- a shakey, sickening experience -- are the withdrawal symptoms.

Alcohol is the most abused drug in the country and drunks are especially dangerous when driving a car. If you are seriously thinking about getting your head together, it wouldn't be a good idea to drink a lot.

MARIJUANA

Much research is being done on marijuana right now. It would be nice if this research had been done years ago and there was a lot of good data on what marijuana is and what it does to people. Until this research is complete, it is hard to discuss this drug objectively. Some things are fairly certain; marijuana is a mind altering drug, you can become high if you smoke it, eat it, or drink it; no one has died from a marijuana overdose, and physical addiction probably does not occur.

Your mood and environment will greatly influence the drug's effects. Some people feel that smoking marijuana makes them happier, increases their ability to communicate with people, offers insight into their hangups, and is relatively harmless. Other people feel just the opposite. Present limited research can support either claim.

It is probably safe to say that it is just as ridiculous to think of marijuana as a harmless drug as it is to think of it as a devil drug that will drive you insane. If you smoke it too much, you may find yourself wasting a lot of time and energy. You may have trouble completing your school work, then again, you may not. One thing is certain. Marijuana is illegal and you can get busted for it.

HASHISH

Hash is a more potent form of marijuana; about 10 times as strong and it therefore takes fewer hits to get you loaded. It is sold in hard, dark chunks and is usually smoked with a pipe. There is some evidence that long term use of hashish can be harmful. People who use it can become listless, goaless, and suffer mild withdrawal symptoms when they stop using the drug. Hashish overdose can be a fairly heavy bummer. You may sit in the bathroom for two hours trying to decide whether or not you are going to throw up.

GLUE AND GAS

Sniffing airplane glue, rubber cement, or gasoline will get you loaded. You feel light in the head and experience colorful hallucinations for about a half hour or so. You can also feel drowsy and in some cases become unconscious, and if you have sniffed enough, go into a coma and die.

Sniffing these substances can damage the brain cells, liver, kidneys, and your bone marrow. People who have done this sort of thing for a long time seem to have spaces in their brains. Glue freaks, when high, talk like this: "Gooby Goo Rabby Do".

The following is another rip-of
Conscientious Guide to Drug Abu

Even if you don't think anyone
enough to use paint, gasoline,
other things, just ask any grad
There are a lot of dumb kids ou
and under, who are into these t
getting dumber and dumber...

COCAINE

Like the amphetamines, cocaine
is consumed by shooting or snif
too much, it is possible to die
cocaine overdose. It is not ph
however, one does develop a tol
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Long term use of the drug can l
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Cocaine is classified as a narc
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like this: "Gooby

The following is another rip-off from Do It Now's Conscientious Guide to Drug Abuse:

Even if you don't think anyone would be dumb enough to use paint, gasoline, glue, aerosols or other things, just ask any gradeschool teacher. There are a lot of dumb kids out there, mostly 12 and under, who are into these things. And they're getting dumber and dumber...

COCAINE

Like the amphetamines, cocaine is a stimulant. It is consumed by shooting or sniffing. If you inject too much, it is possible to die quickly from a cocaine overdose. It is not physically addicting; however, one does develop a tolerance. When sniffed repeatedly, it is possible to develop perforations of the cartilage between your nostrils. Because "coke" is not physically addicting, cocaine abusers do not experience withdrawal sickness; however, when the drug's effects begin to wear off, a state of deep depression develops and users begin to use the drug regularly to combat these depressed feelings. Long term use of the drug can lead to paranoid hallucinations. The classic image many people have of drug users being dope fiends is based on descriptions they may have read of heavy cocaine users that were circulated some time ago.

Cocaine is classified as a narcotic and is an expensive habit to maintain. Remember that if you shoot too much cocaine, you can overdose and die and that if you sniff it too often, you will destroy the cartilage separating your nostrils. When the effects of the drug wear off you may feel very depressed and may therefore, want to use it again right away.

CAFFEINE

Caffeine is a stimulant that increases mental activity. It is contained in coffee, tea, and in chocolate. You can also buy pills to keep you awake that contain caffeine, i.e., No-Doz. It is possible to become dependent on coffee and drink several cups a day. You may get headaches if you try to withdraw from caffeine.

NICOTINE

Like caffeine, nicotine is a stimulant. It is contained in tobacco and people smoke tobacco (primarily cigarettes) to feel the effects of the drug. Cigarette smoke contains nicotine, coal tars, arsenic, carbon monoxide, and cyanide. The U.S. surgeon general has determined that cigarette smoking is hazardous to your health. Smoking has been linked to bronchitis, emphysema, peptic ulcers, and of course, lung cancer and heart disease.

DANGER SIGNALS

If you are still doing drugs, you s
some time to stop and look at yours
to what signals your head and body
Some things to watch out for that
you may be blowing it are:

1. Difficulty in concentrating and
   memory.
2. Boredom and lethargy.
3. Extreme emotions.
4. A passive attitude toward life.
5. Spelling and reading problems.
6. Paranoia or extreme self-confid
7. Hang-ups in getting close to pe
8. Loss of physical coordination a
   energy.
9. Too much or too little sleep.

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DANGER SIGNALS

If you are still doing drugs, you should spend some time to stop and look at yourself and listen to what signals your head and body are giving you. Some things to watch out for that indicate that you may be blowing it are:

1. Difficulty in concentrating and a poor memory.
2. Boredom and lethargy.
3. Extreme emotions.
4. A passive attitude toward life.
5. Spelling and reading problems.
6. Paranoia or extreme self-confidence.
7. Hang-ups in getting close to people.
8. Loss of physical coordination and little energy.
9. Too much or too little sleep.

## 4.5 DRUG JARGON

This section is a glossary of drug slang. It should help the staff of drug dependent minor prog stand what their students are talking about when drugs are discussed. It is up-to-date (1972) a reviewed by drug users. Slang changes rapidly, however, and this glossary should be up dated pe Many of these words and terms have dual meanings. For example, to "get off" in drug terms means under the influence of a drug; but it can also mean any positive experience resulting from a cer stimuli, i.e., "I got off on barbecue potatoe chips." The slang words are listed alphabetically nition and a descriptive sentence utilizing the word are included with each slang word.

ACID... LSD-25... "Man, we all dropped Acid at 10:00 and were really flying by 11:00.

ACID HEAD... A user of LSD... "He is into psychedelics heavy, he's a real Acid Head."

ATE... To have taken a drug orally... "We ate some acid yesterday."

BACKWARDS... Tranquilizers.

BAD TRIP... A frightening psychedelic experience or generally a bad experience... "I've only take once and I'll never do it again; I had a bad trip."

BAG... A small quantity of narcotics (Heroin)... "He would stash his bag in the side of his boot.

BAGGY... A small plastic bag sold commercially used to contain an ounce of Marijuana... "When he busted, the police found a baggy of marijuana rolled up on the kitchen table."

BARBS... Barbiturates, usually Secobarbital... "We drank some wine, dropped some barbs and flippe at the party."

BEANS... Benzedrine tablets... "Take some Beans and you'll stay up all night."

BENNIES... Benzedrine tablets... "We drove from New York to L.A. straight through dropping bennie the way."

BENT... To be under the influence of a drug... "Everyone was so bent on grass and beer that they what time it was."

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zers.

ing psychedelic experience or generally a bad experience... "I've only taken acid
'll never do it again; I had a bad trip."

y of narcotics (Heroin)... "He would stash his bag in the side of his boot."

ic bag sold commercially used to contain an ounce of Marijuana... "When he was
olice found a baggy of marijuana rolled up on the kitchen table."

usually Secobarbital... "We drank some wine, dropped some barbs and flipped out
"

blets... "Take some Beans and you'll stay up all night."

tablets... "We drove from New York to L.A. straight through dropping benniès all

e influence of a drug... "Everyone was so bent on grass and beer that they forgot
as."

BLASTED... To be under the influence of a drug... "Spike shot some cocaine and really got blasted."

BLOW... To smoke marijuana or a psychedelic experience, i.e., to blow one's mind... "To blow grass is a gas."

BLUES... Amytal sodium capsules... "Frances overdosed on blues, Man, we thought she was dead."

BUMMER... A negative psychedelic experience or a generally bad experience... "I took mescaline and acid over a dozen times before I went on a bummer."

BURN... To be sold bad, low quality, or a short quantity of narcotics or other goods... "Steve's grass is so weak we hardly got stoned. Wow, he sure got burned."

BUSH... Marijuana... "We all got loaded on some fantastic bush."

BUST... An arrest... "When those guys came in the door, I knew we were going to get busted."

BUZZ... To be partly under the influence of a drug... "We split a cap of acid three ways. We didn't get loaded, but we got a good buzz on."

CHIPPYING... To use drugs or a drug sporadically... "He is not a heroin addict, he is just chippying."

COCKTAIL... A tobacco cigarette used as a holder for a partically smoked marijuana cigarette.

COKE... Cocaine... "Sniffing coke is so good."

COLD TURKEY... A sudden withdrawal from narcotics... "Man, the only way to get off smack is to go cold turkey."

CONNECT... To purchase a drug... "She needed a fix so bad she just had to connect."

CRANK...Methamphetamine... "When Louie was busted, he had been shooting crank for three days."

CRASH... To come down off a drug... a drug hangover or in general, to go to sleep... "We were high on acid for 12 hours before we crashed."

CRUTCH... Device used to hold marijuana cigarette when it has burned to the point where it will burn the fingers-usually a half of a paper match book. Also, a container for a hypodermic needle.

CRYSTAL... Amphetamine.

CUT... To split or dilute a narcotic... "Heroin is cut with milk sugar."

DEALER... A person who sells drugs... "Jeff is a heavy dealer. He sells mushrooms, hash, orange sunshine acid; whatever's good, he's got it."

DEXIES... Dexedrine tablets... "Mrs. Jones uses dexies for dieting."

DIME BAG... A $10 bag of narcotics... "I bought a dime bag of H."

DOPE... Drugs... "Nothing happened Firday night. They just all sat around and smoked dope."

DOPER... Person who uses drugs... "For a doper, she is doing fine in school."

DOUBLE CROSS... Amphetamine tablets (double scored).

DOWN... To feel depressed, or to have the influence of a drug wear off... "This dope is so good, I hope I never come down."

DOWNERS... Barbiturates... "Downers and alcohol should never be mixed."

DROP... To take a drug... "They all dropped mescaline two hours ago."

DRUGGY... A drug user... "He smokes grass but doesn't think of himself as a druggy."

DUDE... A male... "Now there goes a far out dude, too bad he was busted."

FACTORY... Facility to make drugs... "The police uncovered a Speed Factory in somebody's bathroom down by the wharf."

FIX... To inject a drug... "When he got back from Nam, he had to fix first thing after getting off the plane."

FLASHING... Hallucinations... "We took some good paper acid and started flashing right away."

FLASHBACK... Reoccurrence of the drug reaction from LSD, weeks to months after taking the drug.

FLYING... To be under the influence of a drug, usually an amphetamine or psychedelic... "I took some speed and acid and man, was I flying."

FORWARDS... Pep pills, especially amphetamines.

FREAK... A counter culture person... "He has long hair but he sure isn't a freak."

FREAK OUT... To lose control while under the influence of a drug, usually a psychedelic... "Wow, after Linda dropped acid, she went downtown and started freaking out on the bus."

GET OFF... To come under the influence of a psychedelic... "Those kids were just getting off when their parents came home."

GOOF BALLS... Barbiturates... "We took three goof balls and spent the rest of the night crawling around the beach."

GRASS... Marijuana... "Grass is stronger when you smoke it than when you eat it."

H... Heroin... "We mixed some H with cocaine and shot it up."

HARD STUFF... Heroin or cocaine... "I'm into psychedelics and grass, but I'll never get into the hard stuff."

HASH... Hashish... Cannabis resin that has been processed into a solid... usually of a brown or dark brown color. It is more potent than marijuana.

HEAD... A user of marijuana or psychedelics... "Anybody can tell by the way he looks that he is a head."

HEAVY... An intense concept or person... "When he started rapping about the war, it got really heavy."

HEMP... Marijuana.

HIGH... To be under the influence of a drug... "Grass may get you busted but it's sure to get you high."

HIT... To take a drag on a cigarette or a cap or pill... "We each had four or five hits off the joint and then bought 10 hits of LSD."

HOLDING... To be carrying drugs... "I never drive fast when I'm holding."

HOOKED... To be addicted to a drug... "He's been hooked on barbs for over three months and has started to bring everyone down."

HORSE... Heroin

JOINT... A marijuana cigarette... "Hey man, be a good dude and pass me that joint."

JUNK... Heroin

JUNKY... Heroin user... "She may look good, but she's still a junky.

KEY... About two pounds of marijuana... (from kilogram)... "We slipped through customs with four keys in our suitcase."

KICK... To stop using a drug; or, the effects of a drug... "I used to shoot a lot of heroin but I kicked it." "Coke is a kick."

KILO... Same as a key.

KIT... Syringe and other equipment for injecting drugs... "His kit included an eyedropper, spoon, a stocking, and a syringe."

KNOCK-OUT DROPS... Chloral Hydrate... A sedative mixed with alcohol used to put someone in a coma... famous for its use in bars when used in rolling someone.

LID... About an ounce of marijuana... "We don't use too much dope; a lid lasts us at least three weeks."

LIT... To be under the influence of a drug... "Wow, were we lit! We smoked some dope and snorted some coke."

LOADED... To be under the influence of a drug... "Everyone got so loaded they were afraid to drive, so they spent the night riding around in a city bus."

LOADIE... A drug user... "He looks pretty straight but I know he is a loadie."

M... Morphine... "He used to rip off M from the hospital when he was a custodian there."

MAINLINE... To inject narcotics intraveneously... "He started off snorting heroin but now he is mainlining."

MAINLINER... Someone who mainlines... "He used to skin pop but now he is a mainliner."

MANICURE... Prepare marijuana for use in cigarettes - removing seeds and stems.

MARY JANE... marijuana... "I could sure dig a joint of Mary Jane."

METH... methamphetamine... "He is a far out dude except when he is loaded on meth tabs."

MICKEY FINN... Chloral Hydrate... A drink containing knock-out drops... See knock-out drops.

NARC... A Narcotics Officer... "You've got to be careful, there are a lot of long haired, hip looking dudes who are narcs."

NICKEL... A $5 bag of narcotics... "I bought a nickel and dime bag of first class junk."

NUMBER... A marijuana cigarette... "John rolled the biggest number I've ever seen. We got so loaded."

O.D... A drug overdose... "In the past year, I saw two of my friends O.D. One on barbs and the other on heroin."

OFF... To stop using drugs... "He sure has gone straight, he is even off drugs."

ON A BUMMER... See bad trip.

ON A TRIP... Under the influence of a drug... usually psychedelic... "Man, her eyeballs look like marbles, she must be on a trip."

ON THE JONES... Drug withdrawal

ORANGES... Dexedrine tablets... "We ate some oranges this morning and have been running all day."

OUT OF IT... Someone who is outside of the counter culture... "Man, is he straight, he is so out of it that he doesn't know grass from oregeno."

OUT OF BODY... A transcendental psychedelic experience... "I had a super out of body experience on acid. I felt myself dissolve, and my soul expand."

ORANGE SUNSHINE... High quality LSD.

OWSLEY ACID... Acid produced by a well-known counter culture person during the late 60's during the birth of the flower children... supposedly of high quality.

PAD... A place of residence... "We all dropped by Julie's pad to get stoned."

PAPER ACID... A dot of LSD on a small slip of paper... "Wow, that paper acid was too heavy."

PAPERS... Cigarette papers used to roll marijuana and tobacco cigarettes... "We had to blow the dope with a pipe since we didn't have any papers."

PILL FREAK... User of pills.

PILL HEAD... Same as pill freak.

POP... To take a drug orally... "We popped some meth."

POT HEAD... A heavy marijuana user. "Lucy won't drop acid but she is a real pot head."

PUSHER... An unforgiving dealer of narcotics... "A dealer will sell you dope, but a pusher will turn you into a junky."

QUICK... Mathamphetamine... "We popped some quick and raced all the way to Monterey."

RAINBOWS... Tuinal caps... "Rainbows are downers."

REDS... Secobarbital... "Reds are addictive, it's easy to get hooked."

REDS AND BLUES... Tuinal (Amobarbital Sodium and Secobarbital Sodium).

REEFER... Marijuana cigarette.

RIPPED... To be under the influence of a drug, usually marijuana... "We smoked some good black hash and got so ripped we didn't move for hours."

ROACH... The butt of a marijuana cigarette... (The tar collects in the end of the cigarette and the roach is the most potent part) "The roach got so small that I burned my lip."

ROCKET FUEL... A mixture of ether and sernyl... Poured over marijuana, the ether evaporates and the resulting mixture is smoked... "I thought it was a joint but when I took a hit, I found out it was rocket fuel and it really turned into a bummer.

ROLL... To make a marijuana cigarette... "I am going to roll 10 joints and take them to the party."

RUSH... To feel the effects of a drug come on... usually psychedelics or large doses of amphetamines... "The orange sunshine acid was so good that I rushed for what felt like three days."

SCORE... To purchase a drug... "Mark scored two hits of acid."

SHIT... Heroin

SHOOT... To inject a drug... "We'll all smoke a little grass and shoot some coke later tonight."

SKAG... Heroin

SKIN POPING... To inject a drug under the skin..."Novice heroin users skin pop rather than mainline."

SMACK... Heroin... "We shot some smack."

SNIFF... To take a drug by breathing it through the nose... "They sniffed some coke."

SNORT... To take a drug by breathing it through the nose... "We snorted smack two or three times a day."

SNOW... Cocaine

SPACED... To be under the influence of a drug... "Everybody got so spaced after shooting speed."

SPEED... methamphetamine... "Speed kills!"

SPEED BALL... An injected mixture of heroin and coke.

SPOON... A dose of heroin.

STASH... A hiding place for drugs or stored drugs... "I keep a small stash of hash in my cigarette lighter."

STONED... To be under the influence of a drug, usually marijuana... "Those guys like to be stoned all the time."

STRAIGHT... To not be under the influence of a drug; or a person who doesn't use drugs... "I was really stoned an hour ago but I'm pretty straight now." "He's straight, but he is still a good dude."

STRUNG OUT... To be addicted to or dependent on a drug... "Tom used to snort smack; now he shoots up and is really strung out."

TRIP... A psychedelic drug experience... "We took some far out mescaline and had a good trip in the mountains."

TRIPPER... A psycehdelic drug user.

TRIPPING... To be under the influence of a psychedelic drug...."Everyone at the party had some loaded kool aid and now they are all tripping."

TURN ON... To take a drug... "He turns on with speed."

UP... To feel good or to be high... "We drank red wine all day and we are still up."

UPPERS... Amphetamines... "If you feel down or like crashing, take some uppers cause we have a lot of partying to do."

WAKE UPS... Amphetamines.

WASTED... To be under the influence of a drug or to have a drug hang over... "Man, we smoked a lot of numbers last night and drank a lot of beer and this morning, I'm wasted."

WATER PIPE... A pipe used to smoke marijuana or hash that has a small bowl of water through which the smoke passes.

WEED... Marijuana.

WHITES... Methamphetamine tablets... "Julie always takes whites during exams."

WIRED... To be under the influence of an amphetamine... "He is moving a mile a minute; he sure is wired."

YELLOWS... Nembutal capsules

ZIG ZAG... A brand of cigarette papers used to roll marijuana cigarettes. There is a drawing of a bearded man on the package who has come to be known as Captain Zig Zag.

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